Form 3583 TeleFile Payment Voucher is at the bottom of the page.

Check or
Money Order
(No cash please)

Only use form FTB 3583, California TeleFile Payment Voucher, if you owe tax and are mailing your payment. Fill in the voucher below, make your check or money order payable to the Franchise Tax Board. Write "2002 540TEL" and your social security number on your check or money order and mail your payment and voucher to the address printed on the voucher. **Do not** mail Form 540TEL, California TeleFile Tax Record.

※ — DETACH HERE — — — — —	- — -	IF N	O PAYMENT IS D	UE, DO NOT MAIL				DETACH HERE —
TAXABLE YEAR							_	FORM
2002 California	Te	leFile	Payment	Voucher	Due Apr	il 15,	2003	3583
Your first name	Initial	Last name					Your social	security number
If joint payment, spouse's first name	Initial	Spouse's las	st name if different				Spouse's s	ocial security number
Present home address – number and street,	PO Box	c, or rural route	e			Ap	t. no.	PMB no.
City, town, or post office						State	ZIP Code	
City, town, or post office						State	ZIF Code	-
IF PAYMENT IS DUE, MAIL TO:							Amount	t of payment
FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008				IF N Do n	O PAYMENT IS I	DUE, Form)	•	
ETR 3583 2002			35830	12103		r Brivo	ov Act Notic	on ant form ETP 11